



STOCKTON UNIVERSITY

Student Name Change

Office of the Registrar

101 Vera King Farris Drive, Campus Center Suite 203

Galloway, NJ 08205-9441

Phone: (609) 652-4235 Fax: (609) 626-5547 Email: registrar@stockton.edu

Z Number (if known): _____ Last 4 Digits of your SSN: _____

NAME CHANGE Legal documentation that reflects the change requested is required before the change will be made:

Please submit a copy of one of the following: Court Order, Marriage License, Social Security Card, Divorce Decree, Driver's License, or Passport:

Correct Name: _____
Last First Middle Initial/ Middle Name

Incorrect Name: _____
Last First Middle Initial/ Middle Name

Please provide your current:

Phone Number: _____

Email Address : _____

Permanent Address: _____

SIGNATURE: _____ Date: _____

All information is maintained in accordance with FERPA (Family Educational Rights and Privacy Act) regulations.

For Official Use Only: Date Processed: _____ Initials: _____